

UCSF RESIDENTS & FELLOWS

Medical, Dental and Vision

7/1/15 Monthly COBRA Rates (Including 2% COBRA Administrative Fee)

	Medical (HMO) Health Net	Medical (PPO) Anthem	Dental Delta Dental	Vision VSP
Self	\$563.07	\$710.75	\$34.49	\$6.13
Self + Child(ren)	\$975.65	\$1,256.44	\$46.18	\$9.44
Self + Adult	\$1,338.02	\$1,535.70	\$69.60	\$9.33
Family (Self + Adult + child(ren))	\$1,700.45	\$2,163.87	\$84.06	\$14.55